Habit

MONTANA ALCOHOL AND DRUG ABUSE DIVISION NEWSLETTER

Volume 5, Number 4 June-July, 1979

Tom Clavin of Alpha Industries Inc. in Helena has been appointed to the Montana Advisory Council on Drug Dependency. Also appointed but not pictured was Dr. Vincent A. Amicucci, Helena physician.

New Mini-grants Available

Alcohol and Drug Abuse FY 1980 mini-grants will be awarded in two categories: 1) Drug Abuse prevention projects, and 2) Projects to train criminal justice personnel to implement Montana's Uniform Alcoholism and Intoxication Act.

Approximately $33,000 will be available for these grants. Of this amount, $15,000 from the fourth year incentive grant is earmarked for training criminal justice personnel and $18,000 will be available for drug abuse prevention grants.

Potential applicants have received application packages and have had an opportunity to attend a pre-bid conference in Helena July 25. They are reminded that applications must be received at the ADAD office no later than 4 p.m. August 31.

Mini-grant funding priorities are as follows

A. Establishment of a pilot program to implement and evaluate the Montana Teacher's Guide for Alcohol Education.

B. Training of school personnel in early recognition and intervention techniques.

C. Programs directed toward currently unserved populations: women, elderly and Native Americans.

D. Training trainers in peer counseling and parent effectiveness.

E. Experimental or innovative programs which may become models for similar programs elsewhere in the State.

F. Law Enforcement Training in dealing with public inebriates in larger urban areas.

Four hundred copies of this newsletter were published at a total cost of $233.60 which includes $200 for printing and $33.60 for mailing.

Evidence Points to Father's Role in Fetal Alcohol Syndrome

The recent extensive study about Fetal Alcohol Syndrome (FAS) addresses itself to the responsibility of the pregnant woman to stop drinking. Not mentioned is the drinking father's contribution to the problem.

However, evidence included in a presentation to a FAS workshop at the Eastern Montana College 1979 Institute on Alcohol and Substance Abuse indicates that alcoholic fathers too, can cause birth defects.

A paper by Sandra F. Kohtz of the Hastings Regional Center in Nebraska included the following information directly bearing on fathers and FAS.

"In an article 'Can Alcoholic Fathers Cause Birth Defects?', Dr. F. M. Badr, genetecist from the University of Kuwait and formerly with the Worchester Foundation of Experimental Biology in Massachusetts, reports: In a study at St. Vincent's Hospital in Worchester, 53 heavy drinkers fathered children with more birth defects than 50 moderate drinkers. He states that these birth defects of alcoholic fathers were 'very mch like those seen in fetal alcohol syndrome.'

"The sample size was small and Dr. Badr felt that this may be the reason they were unable to establish a relationship between the drinking father and spontaneous abortion.

"They were able to establish this relationship in animal studies. Dr. Badr found that when they cultured hman lymphocyte cells in vitro, in different dosages of alcohol, 150 m. (one glass or more) that this did cause chromosomal aberrations. They were able to conclude that the sperm was more vulnerable to alcohol at some stages of its development and maturing than at others.

"Dr. Badr states this formally when he says:'Our data suggest that two particular stages of spermatogenesis—spididymal spermatozoa, and late spermatids, are the the most sensitive stages to the action of alcohol as far as dominant lethal mutation is concerned

"Another imporant conclusion reached from this work is that the higher the dose of alcohol intake, the more severe is the effect produced in terms of intrauterine death, which is a typical finding for a potentially mutagenic substance.'

"Dr. Badr admits that these studies are only the beginning of what needs to be done. Ingestion of alcohol can cause chromosome damage. Dr. Badr concludes, 'If a man wants to sire normal and healthy children, he must stop drinking.' "

Further evidence suggesting father-caused as well as mother-caused FAS is found in a study of Minimal Brain Dysfunction (MBD) by J. R. Morrison and M. A. Stewart at Washington University in St. Louis. Twenty percent of the fathers, and five percent of the mothers of hyperactive children studied were alcoholic, compared to only 10 percent of the fathers and none of the mothers in the control group.

MBD is described as "constant involuntary hyperactivity that completely surpasses normal activity, a short attention span, and poor powers of concentration, impulsivity, inability to adjust to a change in environment, poor school performance, and cognitive and perceptual problems."

"This definition of MBD is alarmingly close to the symptoms of FAS," Kohtz said. Symptoms of mild FAS are learning and behavioral handicaps suh as hyperactivity, poor attention span, poor eye-hand coordination, slightly delayed development, and mild learning problems. Severe FAS includes marked growth deficiencies, multiple birth defects and severe mental retardation

Laurel Substance Abuse Project a Community Effort

Early this spring the community of Laurel recognized a problem with youth and substance abuse. Their reaction was not to bury their heads in the sand, not to write a grant proposal; not to ask for tax money; but to develop a plan of action and raise money in the community to implement the plan.

Instrumental in the Laurel Substance Abuse Program (LSAP) has been a Chamber of Commerce committee consisting of Tom Rogers, a banker; Bob Dantic, Senior High Principal; Jim Smith, a businessman; Walter Menello, Municipal Judge; Bob Bower, School Board Chairman, and Don Lenhardt and Lee Kerr, police officers. Consultant services are provided by the Youth Development Bureau represented by Peter Guthridge and Rimrock Foundation represented by Judith Dietz.

Community Awareness and and education has been the program's primary thrust during the summer. It has included us of the media, printed material, presentations to civic organizations, and public information sessions.

Classes for interested adults have been focused, according to Dietz, on "learning about why kids do the things they do" and "looking at ourselves so we can help our children."

One of the things Dietz utilizes in teaching parent classes for the program is the State Alcohol Curriculum. She has parents do the primary school exercises from the curriculum and finds they enjoy them.

In keeping with the spirit of the entire LSAP and the curriculum, the classes use an "all of us" not "us" and "them" approach to substance use. For all of us, Dietz says, "behavior depends a lot on how we see ourselves."

Continuing goals of the LSAP are more community awareness, implementation of the curriculum in the Laurel schools, revision of district policy concerning youth substance abuse, school personnel and law enforcement awareness and education, and long-term evaluation of effects and impact

Incentive Grant Awarded

Funds from the fourth year incentive grant awarded by NIAAA to the ADAD for implementation of Montana's Uniform Alcoholism and Intoxication Act will be available September 1, 1979.

The funds will be distributed as follows.

—$80,000 to the Cascade County detox program;

—$65,000 to be available for detoxification services when when other sources of funds are not available,

—$15,000 to fund a minimum of seven mini-grants for law enforcement training in Montana

—$5,000 to maintain a computerized Court School (DWI) information system.

Approved Alcohol Service Providers

Alcohol Service Providers approved by the Alcohol and Drug Abuse Division as of July 1, 1979 are:

REGION I

Frances Mahon Deaconess Hospital/Chemical Dependency Center, Glasgow.

High Plains Council for District I and District II Public Alcohol Program, Plentywood.

District I Satellite Offices: District I Alcohol Program, Glasgow; Phillips County Alcohol Program, Malta; Daniels County Alcohol Program, Scobey; Sheridan County Alcohol Program, Plentywood.

District II Satellite Offices: Glendive Alcohol Satellite, Glendive; Sidney Alcohol Satellite, Sidney.

District III Satellite Offices: Rosebud Co. Alcohol Program, Forsyth, Baker.

Holy Rosary Hopital, Miles City.

Pine Hills School for Boys Chemical Dependency Program, Miles City.

REGION II

Medicine Pine Lodge, Browning.

Fort Belknap Tribes Alcohol Program, Harlem.

Hill-top Recovery Center, Havre.

Hill-top Satellite Offices: Fort Benton; Shelby; Chinook; Conrad.

Providence Alcoholism Center, Great Falls.

Cascade County Alcohol Program, Great Falls

REGION III

Rimrock Foundation, Billings.

Sweet Grass County foundation, Big Timber.

Big Horn County Alcohol Program, Hardin.

Carbon Communities Services, Red Lodge.

Alcohol and Drug Services of Central MT, Inc., Lewistown.

Wheatland Family Services, Harlowton.

Musselshell County Foundation, Roundup;

Satellite Office: Golden Valley Foundation, Ryegate.

Crow Detox Program, Crow Agency

South Central MT Alcohol and Drug Program, Billings;

Satellite Office. Stillwater County Alcohol Program, Columbus.

REGION IV

Southwest MT Alcoholism Services, Helena.

Satellite Offices: Southwestern Alcoholism Services, Helena, Bozeman Problem Drinking Center, Bozeman; Dillon Alcohol Services, Dillon; Madison County Alcohol Program, Ennis; Broadwater County Alcohol Services, Townsend; Jefferson County Alcohol Services, Boulder.

Problem Drinking Center of Park County, Livingston.

Alcoholism Service of Anaconda/Deer Lodge County, Anaconda.

Powell County Alcoholism Center, Deer Lodge

Community Alcoholism Services, Butte.

Butte Indian Alcohol Program, Butte.

Lewis and Clark Alcoholism Program, Inc., Helena

Care Unit, Butte.

Galen State Hospital AT&R, Deer Lodge.

Montana State Prison Chemical Dependency Program, Deer Lodge.

REGION V

Missoula Alcohol Services, Missoula;

Satellite Office: Mineral County Alcohol Services, Superior.

Ravalli County Chemical Dependency Services, Inc., Hamilton.

Missoula Indian Alcohol and Drug Program, Missoula

Flathead Alcoholism and Drug Abuse Center, Ronan.

Alcohol Service Center of Lincoln County, Libby;

Satellite Offices. Troy, Eureka

Flathead Valley Chemical Dependency Services, Kalispell.

Missoula General Hospital, Missoula

Sanders County Chemical Dependency Program, Thompson Falls

Swan River Youth Forest Camp Chemical Dependency Program, Swan Lake

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Among workers, belief in the physical harmfulness of alcohol has no affect as a deterrent to drinking, however, a belief in its immorality does.
—American Academy of Family Physicians

HB 844 Effects Listed

HB 844, passed during the last session of the Montana Legislature, made a number of changes affecting the distribution of the State Earmarked Revenue Fund generated by the alcohol tax and the responsibilities of the ADAD.

Some of the effects of HB 844 are:

1. **Section 2 (6) page 6.** Revenue generated by 16-1-404, 16-1-406 and 16-1-408 for the treatment, rehabilitation and prevention of alcoholism, which has not been encumbered for this purpose by the counties of Montana or the Department, shall be returned to the State Earmarked Revenue Fund for the treatment, rehabilitation and prevention of alcoholism within 30 days after the close of the fiscal year.

HB 627 returned these funds to the State of Montana General Fund. This resulted in funds generated for alcoholism but not expended or encumberred being lost forever for the purpose intended.

2. **Section 4 (2) (g) page 12.** Certify and establish standards for the certification of alcoholism and drug dependence counselors.

HB 627 did not mandate this responsibility to the ADAD or any other department. This gives to the ADAD, at the very least, the responsibility to certify and establish standards that will be used for the certification of alcohol and drug counselors in Montana.

3. **Section 4 (2) (h) page 12.** Encourage planning for the greatest utilization of funds by discouraging duplication of services, encouraging efficiency of services through existing programs and encouraging rural counties to form multi-county districts or to contract with urban programs.

HB 627 did not address the issue of duplication of services. This, we believe, gives the Department the responsibility of not approving programs or components of programs for services that are already being performed in that catchment area.

4. **Section 4 (3) (a) (b) (1) (11) page 13-14.** This section addresses the funding for alcohol programs and is the heart of HB844. It states that the legislature will appropriate discretionary funds to be distributed to approved programs by the department ($382,661 FY80; $404,618 FY81) from the proceeds derived from the liquor tax and beer tax. The balance of the proceeds for alcoholism programs shall be distributed to the counties on an 85/15 ration. Eighty-five percent according to the county population and 15 percent based on the county land area.

This section ensures that the proportion of funding to be used for alcoholism treatment in each county will be closely related to the proportion of revenue generated for alcoholism by the liquor license tax or beer license tax. It will also ensure that programs in counties with a low population who are achieving their goals and objectives and can justify the need for additional funds will still be able to operate because of the discretionary funding. Although this may reduce the amount of services offered by programs in some counties, it still should allow for programs to meet most of the existing needs in the catchment area in which they operate.

5. **Section 9 page 24-25.** Requires each county to submit a comprehensive, countywide plan to the Department by January 1, 1980 for the treatment, rehabilitation and prevention of alcoholism.

This section allows for grassroots planning, yet still requires the department to approve or disapprove the plan that is developed. This section also requires the department to give consideration to the county plan when distributing discretionary funds.

Montana alcohol programs might want to refer to uncertified copies of HB 844, which were mailed to them earlier. Certified copies are now available upon request.

PER DIEM RATES CHANGE

Per diem rates while traveling on official State business have changed. As of July 1, 1979, they are: Lodging (Maximum) - $21; Meals; breakfast - $2, lunch - $3.50; dinner - $6.50

Mileage rates remain the same.

Califano Praises AA

Former HEW Secretary Joseph A. Califano, Jr. announced in June that he wants the role of AA to be recognized and included in NIAAA treatment grants. In remarks made to the AA General Service Board, Califano said, "I am directing that in the guidelines for federal grants supporting treatment programs, and in the review process that determines the award of these grants, the supporting role of Alcoholics Anonymous be recognized and specific cooperative arrangemants be spelled out."

The policy was announced during ceremonies in which Califano was presented with the two millionth copy of "Alcoholics Anonymous," the AA "Big Book."

In accepting the book, Califano praised AA as a "great example of perhaps the most important health care principle: that each person can do more for himself/herself than any doctor or hospital."

He added that AA membership of more than a million "means that the recovering alcoholic has support and understanding close at hand. Without this follow-up and support," he said, "even unlimited treatment dollars would not be enough."

Whether or not the former Secretary's directives will remain in effect under Secretary Harris's leadership is not known at this time.

Popcorn Anyone?

by Candice Compton

The Feminine Mistake
Pyramid Films: 25 min., color
$375 or $35 rental

This movie takes a realistic look at women who smoke cigarettes, leaving the viewer incorporating both medical research and human reactions to it. It is a powerful statement about America's most common addiction, leaving you with the distinct conclusion that smoking is not sexy and there is no valid reason for beginning or continuing to smoke. This is an excellent film on nicotine addiction and would be useful for all age groups.

My only negative comment is that the movie is aimed directly at women—both men and women need to be educated about smoking. I recommend everyone see it.

—5 stars

My Name Is David. . . And I'm an Alcoholic
Aims: 25 min., color
$340 or $30 rental

This is an excellent movie about David, a middle-aged professional, whose drinking is affecting his family and his job. This film tracks him through the intervention process in an employee assistance program, and his subsequent treatment.

Following his step by step recovery it explains not only the resources available to him as an alcoholic, but those available to his family as well.

A well-done statement on the functioning of occupational alcoholism programs.

—5 stars

Alcoholism in Industry
by Father Martin: 16 minutes, color
$295 or $30 rental

Father Martin, using his usual witty and entertaining manner talks about the problems of alcoholism in the work environment. He appeals to an employer's emotional, financial and humanistic character. "Saving dollars makes sense—but saving people makes you feel good."

A very good film, but with a specific audience in mind.

—4 stars

The Habit

THE HABIT is the newsletter of the Alcohol and Drug Abuse Division of the State of Montana, Department of Institutions.

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Comments and suggestions from readers are invited; phone (406) 449-2827 or write ADAD, Department of Institutions, 1539 11th Ave., Helena, MT 59601.

Montana Catholic Paper Publicizes Alcoholism

The Westmont World, a Western Montana Catholic newspaper, has made a significant contribution to public understanding of alcoholism by devoting five pages of its July 18 issue to information about alcoholism as a disease, its treatment and prevention.

The issue begins with an editorial by Father Ernest Burns of Bozeman who discusses advances made by society and the church in the recognition and treatment of alcoholism as a health problem instead of a moral problem. He gives AA credit for starting the change from condemnation of the alcoholic to understanding and treatment.

Other articles include an overview of the problem and treatment available in Western Montana. ADAD administrator Mike Murray is quoted in the article as saying, "We use the whole-person concept for treatment in Montana. We consider the family living with the alcoholic to be as sick as the alcoholic and needing treatment as well, so everyone can return to a normal life."

There is also a story about one family's experience with alcoholism and the Glasgow Family Program, and an article about alcohlism as it affects priests and sisters.

Two priests interviewed spoke of the pain of alcoholism being magnified by the fact of being a priest, but (both) now feel that they have been able to use the experience to become better, more understanding priests. One of them is now studying for a master's degree in addictions studies.

An article about prevention efforts includes information about the Montana Council on Alcoholism's S.O.B.E.R. campaign and commentary on the State's K-12 alcohol curriculum.

The curriculum, according to ADAD's Charles Canterbury and Mary McCourt, program planner for the Montana Catholic Conference, is not just about alcohol. In fact, McCourt says, "Children do not need to know so much about drugs. They need to know about themselves." She thinks that the curriculum, which deals with such things as responsible decision-making, coping skills, and values clarification could be used for other topics such as sex or personal integrity.

Prevention Tool Uses Tribal Culture

"Come Closer Around the Fire," a pamphlet published by the National Institute on Drug Abuse, is a guide for using tribal stories, myths, and legends as a tool for preventing drug abuse among native Americans. It includes beautiful and eloquent art and stories from various tribes as well as story-telling techniques and a useful bibliography. The stories are to be used for strenthening the "inner resources of each person and those of the family, the community, and the culture."

Montana Native American substance abuse programs already utilize their tribal cultures in treatment and prevention, so the concept of "Come Closer Around the Fire" will not be new to them, but the pamphlet should prove to be a useful addition to their resources. Counselors who saw the pamphlet at the ADAD bidders conference responded to it favorably.

Copies of "Come Closer Around the Fire" cost $1.50 and are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Stock Number

Renee Roullier and Mathias Michell of the Flathead Alcoholism and Drug Abuse Center in Ronan examine "Come Closer Around the Fire."

GOOD EATING CAN BE GOOD THERAPY

The role of nutrition in therapy with substance abusers is explored in a paper by Mark Worden and Gayle Rosellini published in the Journal of Orthomolecular Psychiatry. The paper presents evidence that nutritional factors do have an effect on behaviorial functioning and that: "there can be little doubt that the casual and chronic use of alcohol and other drugs leads to widespread vitamin and mineral deficiencies."

The behavioral effects of food allergies are also discussed with special emphases on "caffeinism".

"Greden (1974) identified caffeinism as an ubiquitous clinical syndrome characterized by intensified feelings of anxiety, apprehension, and irritability, and by physical symptoms of tachycardia and tremor."

The paper goes on to discuss the use of diet in the treatment program of the Douglas Council on Alcoholism in Roseburg, Oregon.

When counselors in the program explore the eating patterns of clients they usually find a correlation between symptoms and diet as shown in the accompanying table.

Clients are encouraged to change to a new diet following these basic rules:

1. Eat at least three evenly spaced, well-balanced meals per day.
2. Consume adequate protein daily (Rule of thumb to determine protein needs: desired body weight divided by 2 = grams of protein daily). Protein may be of animal or vegetable origin.
3. Consume fresh fruits and vegetables daily.
4. Use only whole grains, include legumes and nuts.
5. Totally eliminate sugar (white, brown, raw turbindo, syrup, honey, molasses, etc.), white flour, white rice, alcohol.
6. Use sparingly salt, dried fruit, coffee, tea, tobacco.
7. Suggested fruit, vegetable, or protein snack between meals and before bed.

The possibility of food allergies is also considered and apparent problems referred to a physician.

The article concludes by saying, "if one uses nutrition as an adjunct to counseling, one should keep in mind there is no simple, quick, magic nutritional cure for alcoholism, drug abuse, and emotional problems. However, there is much evidence to suggest that attention to dietary factors may help the client more adequately deal with problems and render the counseling process more efficient, productive, and rewarding."

SYMPTOMS
Depression
Nervousness
Anxiety
Craving for sweets
Craving for alcohol
Irritability
Rages
Feeling of doom
Insomnia nightmares
Headaches
Weight problems
Tiredness weakness
Dizziness faintness
Morning nausea
Transient muscle aches
Transient joint pain

TYPICAL DIET
No breakfast, or
high sugar breakfast
Skipped meals
Light eating during day
Heavy eating at night
Refined carbohydrate
snacks
Heavy consumption of
Sugar
White flour
Caffeine
Salt
Alcohol
Tobacco
Junk food
Packaged food

This table showing the correlation between symptoms and typical diet of treatment program clients was published by permission of the authors, Worden and Rosellini, and the *Journal of Orthomolecular Psychiatry.*

In Memorium . . .

Donald L. Holmes

Those involved in alcoholism treatment in Montana are saddened by the loss, early this summer, of Donald L. Holmes, director of the Alcohol Treatment Center at Galen State Hospital.

Holmes' contribution to the welfare of sufferers from alcoholism went well beyond his work at Galen, as he encouraged the formation of AA chapters in a number of communities and founded the Alcoholism Prevention Trust and the Alcohol Programs of Montana. He was also a member of the Montana Council on Alcoholism and the National Council on Alcoholism.

Memorial services were held at Galen and a memorial presentation was made to Mrs. Holmes during a Montana Council on Alcoholism Forum.

Holmes served in the Navy during World War II and the Korean War and, after retiring, received a bachelor's degree in history and political science from the University of Montana. He had been director of the Alcohol Treatment Center since 1975.

He was a member of the VFW and the Montana Historical Society.

He is survived by his wife Margaret "Peggy" Holmes, a son, three daughters, and five grandchildren.

NIDA Research Funds Available

The Services Research Branch of the National Institute on Drug Abuse is funding projects of two types:

- Applied research designed to investigate areas that have a direct relevance to service delivery
- Demonstration programs

An announcement from the Branch says, "Assuming approval and the availability of sufficient monies, grant applications are ususally funded about 9 months after submission of the application. Demonstrations may be funded for a period of 1 to 3 years and are typically awarded in the amounts of $100,000 to $150,000 per year."

Applications are being sought in the following subject areas: Service Delivery to Women Clients, Service Delivery to Ethnic Minorities, Service Delivery to Clients Exiting the Criminal Justice System, Drug Abuse in Rural Communities, Aftercare (Continuing Care) for Drug Abusers, Vocational Rehabilitation and Employment, Family Therapy/Counseling, Counseling Issues ("Staff burn-out"), New Treatment Techniques, Research Utilization, School-Based Programs

For grant application kits or more information concerning application procedures contact Ms Roberta Rosenfeld at the Services Research Branch, DRD, NIDA, 5600 Fishers Lane—Room 10A31, Rockville, Maryland 20857 phone (301) 443-4100.

Andrews Helps MCA

DANA ANDREWS

Dana Andrews was in Helena in June to help the Montana Council on Alcoholism kick off its S.O.B.E.R (Slow on the Bottle, Enjoy the Road) campaign. The object of the campaign is to promote public awareness of the dangers of drinking and driving.

S.O.B.E.R. was initiated in Pennsylvania where a pilot study was made to test the effectiveness of the campaign. Pre- and post-campaign surveys of drinking and driving attitudes were conducted by an independent consulting firm, and indicated statistically significant increases in public awareness: pre-test, 56 percent; post-test, 84 percent, or a net 28 percent improvement.

Public attitude measures on driving under the influence increased 50 percent, while public acceptance that intervention is an appropriate activity in dealing with potential offenders made a net gain of 40 percent, improving from 55 to 95 percent.

Labor Day S.O.B.E.R. campaigns are planned in Libby and in Lewis and Clark County.

Great Future Predicted For Employee Assistance

by Candice Compton

Occupational alcoholism programming has a great future in Montana, but some definite roadblocks as well. Many community programs in Montana are realizing that working with companies to establish a constructive and medical approach will not only increase their client loads, facilitate earlier identification, and provide third party payment for services, but improve working conditions and personnel policies in the work environment.

However, the approach to the Montana business community must be different than to large corporate structures. Isolated employers with only a few workers seldom identify with the need to a formal alcohol and drug policy for the referral of problem employees until a valued coworker presents problems they don't know how to handle.

The University of Utah, where I attended summer school offers the only training specific to this field The week-long course offers general lectures on the medical and psychological aspects of drug abuse (including alcohol) and addiction as well as a wide variety of specialized tracks.

The programs for employes section covered such topics as: labor's role in alcohol programs, program administration, supervisory training packets, marketing skills for consultants, systems approach to small businesses, and referral criteria and procedures.

Programs wishing to initiate employee assistance programs should be aware that it is necessary to be familiar with the essential components of an effective employee assistance program before contacting an employer. You may find yourself unable to answer questions and inadvertently omitting necessary procedural steps if you do not have a thorough background of the policies and procedures in the implementation and maintenance of a program and the necessary data and forms.

Within the limits of my budget, I am most willing to offer assistance to programs wishing to know more about this area, and to provide training in implementing employee assistance programs to local businesses.

HMO Treatment Improves Alcoholics' Health

Alcoholic patients being treated in prepaid group practice or health maintenance organizations (HMOs) show marked improvement in health as well as a consistent decrease in utilizations of health services according to an NIAAA-supported study covering 703 alcoholic persons.

Throughout the first 18 months after intake, alcoholic patients in the HMO setting demonstrate a 75 percent overall reduction in alcohol consumption, a 55 percent reduction in absenteeism, a decrease of over 90 percent in reprimands at work, and an improvement of 60 percent in the length of periods of abstinence. Additionally, there was a 31 percent reduction in use of total health services at 12 months as compared to two years before entering treatment.

The research project was carried out by Group Health Association of America, Inc. (GHAA), the national organization representing prepaid group practice HMOs, using data from HMOs in Detroit, Mich.; Phoenix, Ariz.; and Portland, Or.

The results of the study demonstrate the feasibility of providing comprehensive alcoholism treatment services within the HMO setting. Not only are patient functioning and health status improved, but providers are able to meet demands for service with minimal additional cost to the health plan. Although the three sites surveyed had originally provided alcoholism treatment coverage with NIAAA support, all three have extended alcoholsim services as a basic subscriber benefit to approximately 300,000 of their enrollees following termination of NIAAA funding.

The GHAA report, "Alcoholism Within Prepaid Group Practice HMOs" indicates the alcoholic person has a high utilization rate of comprehensive health care services prior to treatment, and that this high rate of use extends to family members as well. These people are also frequent users of the costly physician and emergency services.

Once the alcoholic patient is involved in treatment, these utilization rates decrease, although they tend to rise again 12 to 18 months after treatment has begun, underscoring the need for more long-term follow-up. Even though the utilization rate varies somewhat, the type of ultimate utilization changes dramatically after treatment begins and persists throughout the 18-month follow-up period. The need for emergency services decreases from 31 to 9 percent for all visits; scheduled visits increase from 59 to 71 percent; and physician visits decrease from 70 to 5$ percent. These figures, according to the GHAA, clearly indicate "more appropriate and less costly utilization . . . following entry into treatment." During the same time, the HMO services fo family members were significantly reduced.

"It is important to stress that a simple drop in utilization as a justification for an alcoholism program is too simplistic," the GHAA report comments. "While reductions in utilization do seem to emerge over time, entry into treatment also appears related to more appropriate and less costly utilization of services, and improved functioning within the community and workplace."

Concerning cost effectiveness, the report indictates that "A statement of precise cost savings through charges or estimated costs in this regard would not only be unscientific, extremely complicated, and not generalizeable, but would also serve to heighten the demands for cost effectiveness as a rationale for treatment when such demands are not placed on other disease entities such as cancer, diabetes, or cardiovascular disease."

Although the grant period has ended, a recently awarded contract will enable GHAA to continue the data collection in addition to developing a matched comparison group.

For further information, contact: Tom Boyajy, Group Health Association of America, Inc., 1717 Massachusetts Avenue, N.W. Washington, D.C. 20036.

Copies of the report as well as copies of "Alcoholism Services Handbook for Prepaid Group Plans" are available through the National Clearinghouse of Alcohol Information, Box 2345, Rockville, Md. 20852.

—from NIAAA Information & Feature Service

VA Authorized to Contract for Services

Congress has authorized a five-year pilot program allowing the Veterans Administration to contract with community-based facilities to provide alcoholism and drug abuse treatment and rehabilitation. Expenditures for the program will be limited to amounts provided by appropriations, which the Congressional Budget Office projects as $53.8 million over five years.

The legislation authorizes the VA to contract for "care, treatment and rehabilitation services in halfway houses, therapeutic communities, psychiatric residential treatment centers and other community-based treatment facilities." It requires the VA's Chief Medical Officer to design the programs to "demonstrate any medical advantages and cost effectiveness" that might result from contracted services rather than services provided in VA facilities.

PAY TAXES ON TIME—IT'S CHEAPER

The following federal tax calendar applies to the majority of small companies (those whose payroll taxes are less than $2,000 a month). Most Montana alcohol programs would fall in that category.

The calendar was published in The Creative Secretary with the reminder that taxes should be paid on time because, "The Revenue Service imposes a flat five percent penalty on income and Social Security taxes that—through an oversight—are deposited late. And there are additional penalties for failing to meet other key tax payment deadlines."

LAST DAY	WHAT TO PAY OR FILE
Sept. 17 (Mon.)	Pay undeposited July-August social security and withheld income taxes—if between $200 and $2,000—to authorized depositary. *Corporations pay third installment of 1979 estimated tax. *Pay third installment of 1979 individual estimated income tax; file original or amended declaration, if necessary.
Oct. 31 (Wed.)	Pay third installment of federal unemployment tax in full if deposited tax for July, August and September exceeds $100. File third payroll tax return (Form 941) but *see Nov. 12.* Pay undeposited social security and withheld income taxes for third quarter—if at least $200—to authorized depositary. If less than $200, enclose check with quarterly payroll tax return.
Nov. 12 (Mon.)	File third quarter payroll tax return (Form 941) if timely payroll tax deposits were made in July, August and September.
Nov. 15 (Thurs.)	Pay undeposited October social security and withheld income taxes—if between $200 and $2,000—to authorized depositary.
Dec. 17 (Mon.)	Pay undeposited October-November social security and withheld income taxes—if between $200 and $2,000—to authorized depositary. *Corporations pay final installment of 1979 estimated tax.

Saturdays, Sundays and legal holidays have been taken into account in determining due dates. Local bank holidays may postpone date another day for employers whose payroll tax deposts are at least $2,000 a month.

*Applies to calendar year taxpayers.